

EXHIBIT 6

United Bank - Charleston
500 Virginia St E
Charleston, WV 25301

By: Blackjewel LLC
1051 Main St
Milton, WV 25541-1215

LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION

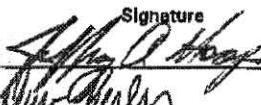
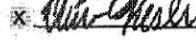
1518

Referred to in this document as "Financial Institution"

Referred to in this document as "Limited Liability Company"

I, _____, certify that I am a Manager or Designated Member of the above named Limited Liability Company organized under the laws of West Virginia, Federal Employer I.D. Number _____, engaged in business under the trade name of Kanawha _____, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of all members of the Limited Liability Company or the person or persons designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement, duly and properly called and held on 05/02/2018 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Faxsimile Signature (if used)
A. <u>Jeffery A Hoops Sr Auth Signer</u>	X 	X _____
B. <u>Drew R Kesler Auth Signer</u>	X 	X _____
C. _____	X _____	X _____
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	X _____	X _____

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F Description of Power	Indicate number of signatures required
A B (1) Exercise all of the powers listed in this resolution.	1 _____
(2) Open any deposit or share account(s) in the name of the Limited Liability Company.	_____
(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	_____
(4) Borrow money on behalf and in the name of the Limited Liability Company, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Limited Liability Company as security for sum borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	_____
(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
(7) Other _____	_____

LIMITATIONS ON POWERS The following are the Limited Liability Company's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated _____. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY
I further certify that the Managers or Designated Members of the Limited Liability Company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

In Witness Whereof, I have subscribed my name to this document and affixed the seal, if any, of the Limited Liability Company on _____ (date).

Attest by One Other Manager or Designated Member Manager or Designated Member

(page 1 of 2)

As used in this resolution, the term "Manager" means the person or persons designated by the members of the Limited Liability Company in a manager-managed Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement. The term "Designated Member" means the member or members of the Limited Liability Company authorized to act on behalf of the Limited Liability Company in a member-managed Limited Liability Company. By signing this resolution, Manager or Designated Member represent that they have provided the Financial Institution with true and complete copies of the articles of organization and operating agreements of the Limited Liability Company as amended to the date of this resolution.

The Limited Liability Company named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Limited Liability Company and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Managers or Designated Members of the Limited Liability Company and certified to the Financial Institution as governing the operation of this Limited Liability Company's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Limited Liability Company. Any Agent, so long as they act in a representative capacity as an Agent of the Limited Liability Company, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Limited Liability Company with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Limited Liability Company agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Limited Liability Company. The Limited Liability Company authorizes the Financial Institution, at any time, to charge the Limited Liability Company for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Limited Liability Company acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Limited Liability Company to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Limited Liability Company acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Limited Liability Company with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Limited Liability Company authorizes each Agent to have custody of the Limited Liability Company's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Pennsylvania. The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on _____ (date) by _____ (Initials) This resolution is superseded by resolution dated _____

Comments:

Institution Name & Address		Account Agreement	
United Bank - Charleston 500 Virginia St E Charleston, WV 25301		Date: 05/02/2018	
Account Number		Internal Use	
1518		Blackjewel LLC 1051 Main St Milton WV 25541-1215	
IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.			
Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.			
Owner/Signer Information [1]			
Name	Jeffery A Hoops Sr		
Relationship	Auth Signer		
Address			
Mailing Address (if different)			
Home Phone			
Work Phone			
Mobile Phone			
E-Mail			
Birth Date			
SSN/TIN			
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)			
Other ID (Description, Details)			
Employer	Revelation Energy Resources		
Previous Financial Inst.	Chase		
Owner/Signer Information [2]			
Name	Drew R Kesler		
Relationship	Auth Signer		
Address			
Mailing Address (if different)			
Home Phone			
Work Phone			
Mobile Phone			
E-Mail			
Birth Date			
SSN/TIN			
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)			
Other ID (Description, Details)			
Employer	Revelation Management Corp		
Previous Financial Inst.	Na		
The specified ownership will remain the same for all accounts.			
<input type="checkbox"/> Individual <input type="checkbox"/> Joint with Survivorship (not as tenants in common) <input checked="" type="checkbox"/> X <input type="checkbox"/> Joint with No Survivorship (as tenants in common) <input checked="" type="checkbox"/> X <input type="checkbox"/> Trust-Separate Agreement Dated: _____ <input type="checkbox"/> <input type="checkbox"/> Corporation - For Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation - Nonprofit <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Limited Liability Company			
Beneficiary Designation			
(Check appropriate ownership above.)			
<input type="checkbox"/> Revocable Trust <input type="checkbox"/> Pay-On-Death (POD) <input type="checkbox"/>			
Beneficiary Name(s), Address(es), and SSN(s)			
(Check appropriate beneficiary designation above.)			
<input type="checkbox"/> If checked, this is a temporary account agreement. Number of signatures required for withdrawal: 1			
Signature(s)			
The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:			
<input checked="" type="checkbox"/> Terms and Conditions <input type="checkbox"/> Privacy <input type="checkbox"/> Electronic Fund Transfers <input type="checkbox"/> Truth in Savings <input type="checkbox"/> Substitute Checks <input checked="" type="checkbox"/> Funds Availability <input type="checkbox"/> Common Features <input checked="" type="checkbox"/> Fee Schedule <input type="checkbox"/> Arbitration Agreement <input type="checkbox"/> <input type="checkbox"/> Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)			
1 <input checked="" type="checkbox"/>  Jeffery A Hoops Sr 2 <input checked="" type="checkbox"/>  Drew R Kesler 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/>			

Signature Card-Multistate
Bankers Systems™ Custom MDF, EWVMPMP
Wolters Kluwer Financial Services ©2003, 2008

MPMP-LAZ 5/2/2007

Initials: _____ Page 1 of 2

CRF 5 MAY 21 2018

Owner/Signer Information 3

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Owner/Signer Information 4

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

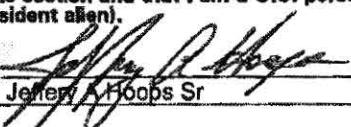
Backup Withholding Certifications

(If not a "U.S. Person," certify foreign status separately.)

TIN [REDACTED]

- Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.
- Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
- Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.

I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

X  5-3-18 (Date)
Jeffrey A. Hoops Sr.

Signature Card-Multistate
Rakers Systems™ MDF, EWVMPWV
Wolters Kluwer Financial Services ©2003, 2006

Non-Individual Owner Information

Name	Blackjewel LLC	
EIN	[REDACTED]	
Phone	304-590-5959	
Mobile Phone		
E-Mail	Dkesler@revelenergy.com	
Type of Entity	Limited liability company	
State/Country & Date of Organization	West Virginia, United States of America	
Nature of Business	LLC	
Address	1051 Main St Milton, WV 25541-1215	
Mailing Address (if different)		
Authorization/ Resolution Date	05/02/2018	
Previous Financial Inst.	Na	
Account Description	Account #	Initial Deposit/Source
Analyzed Business Checking / 76	1518	\$ 50.00 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/>
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/>
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/>

Services Requested

- ATM Debit/Check Cards (No. Requested: _____)
-
-

Other Terms/Information

JMartin/Charleston

MPMP-LAZ 5/2/2007

Initials: _____ Page 2 of 2

CRF 5 MAY 21 2018

1966

LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION

United Bank - Charleston
500 Virginia St E
Charleston, WV 25301

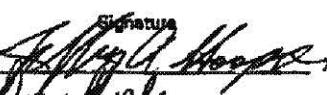
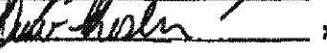
By: BlackJewel LLC
1051 Main St
Milton, WV 25541-1215

Referred to in this document as "Financial Institution"

Referred to in this document as "Limited Liability Company"

I, [redacted], certify that I am a Manager or Designated Member of the above named Limited Liability Company organized under the laws of West Virginia, Federal Employer I.D. Number [redacted], engaged in business under the trade name of BlackJewel LLC, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of all members of the Limited Liability Company or the person or persons designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement, duly and properly called and held on 01/02/2017 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS: Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. Jeffery A Hoops Sr. Auth Signer	(X) 	<u>[redacted]</u>
B. Drew R Kessler Auth Signer	(X) 	X <u>[redacted]</u>
C. _____	X <u>[redacted]</u>	X <u>[redacted]</u>
D. _____	X <u>[redacted]</u>	X <u>[redacted]</u>
E. _____	X <u>[redacted]</u>	X <u>[redacted]</u>
F. _____	X <u>[redacted]</u>	X <u>[redacted]</u>

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following such power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F Description of Power

Indicate number of signatures required

- | | | |
|-----|--|-------------------|
| A B | (1) Exercise all of the powers listed in this resolution. | 1 |
| | (2) Open any deposit or share account(s) in the name of the Limited Liability Company. | <u>[redacted]</u> |
| | (3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution. | <u>[redacted]</u> |
| | (4) Borrow money on behalf and in the name of the Limited Liability Company, sign, execute and deliver promissory notes or other evidences of indebtedness. | <u>[redacted]</u> |
| | (5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Limited Liability Company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment. | <u>[redacted]</u> |
| | (6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution. | <u>[redacted]</u> |
| | (7) Other _____ | <u>[redacted]</u> |

LIMITATIONS ON POWERS: The following are the Limited Liability Company's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS: This resolution supersedes resolution dated [redacted]. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Managers or Designated Members of the Limited Liability Company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

In Witness Whereof, I have subscribed my name to this document and affixed the seal, if any, of the Limited Liability Company on [redacted] (date).

Attest by One Other Manager or Designated Member Manager or Designated Member

CRF 2 JAN 12 2018

As used in this resolution, the term "Manager" means the person or persons designated by the members of the Limited Liability Company in a manager-managed Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement. The term "Designated Member" means the member or members of the Limited Liability Company authorized to act on behalf of the Limited Liability Company in a member-managed Limited Liability Company. By signing this resolution, Manager or Designated Member represent that they have provided the Financial Institution with true and complete copies of the articles of organization and operating agreements of the Limited Liability Company as amended to the date of this resolution.

The Limited Liability Company named on this resolution agrees that:

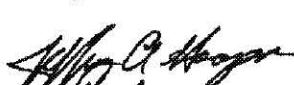
- (1) The Financial Institution is designated as a depository for the funds of the Limited Liability Company and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Managers or Designated Members of the Limited Liability Company and certified to the Financial Institution as governing the operation of this Limited Liability Company's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Limited Liability Company. Any Agent, so long as they act in a representative capacity as an Agent of the Limited Liability Company, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, redemptions and borrowings by or on behalf of the Limited Liability Company with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Limited Liability Company agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Limited Liability Company. The Limited Liability Company authorizes the Financial Institution, at any time, to charge the Limited Liability Company for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Limited Liability Company acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Limited Liability Company to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Limited Liability Company acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Limited Liability Company with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been effixed so long as it resembles the facsimile signature specimen on file. The Limited Liability Company authorizes each Agent to have custody of the Limited Liability Company's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Pennsylvania. The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on _____ (dated by _____ (initials)) This resolution is superseded by resolution dated _____.

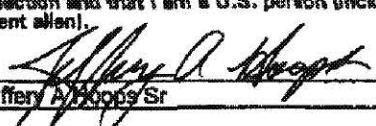
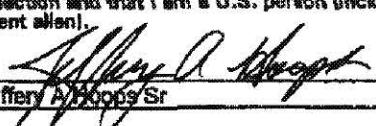
Comments:

Account Agreement		Date: 01/02/2018
Internal Use <i>Electronic Signature Address</i> BlackJewel LLC Payroll 1051 Main St Milton WV 25541-1215		
OWNERSHIP INFORMATION The specified ownership will remain the same for all accounts. <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Joint with Survivorship (not as tenants in common) X _____ <input type="checkbox"/> Joint with No Survivorship (as tenants in common) X _____ <input type="checkbox"/> Trust-Separate Agreement Dated: _____ <input type="checkbox"/> <input type="checkbox"/> Corporation - For Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation - Nonprofit <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Limited Liability Company		
Beneficiary Designation <i>(Check appropriate ownership above.)</i> <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Pay-On-Death (POD) <input type="checkbox"/>		
BENEFICIARY INFORMATION <i>(Check appropriate beneficiary designation above.)</i>		
<input type="checkbox"/> If checked, this is a temporary account agreement. Number of signatures required for withdrawal: 1 _____		
Signatures The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following: <input checked="" type="checkbox"/> Terms and Conditions <input type="checkbox"/> Privacy <input type="checkbox"/> Electronic Fund Transfers <input type="checkbox"/> Truth in Savings <input type="checkbox"/> Substitute Checks <input checked="" type="checkbox"/> Funds Availability <input type="checkbox"/> Common Features <input checked="" type="checkbox"/> Fee Schedule <input type="checkbox"/> Arbitration Agreement <input type="checkbox"/> <input type="checkbox"/> Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)		
1 [X] ] 2 [X] ] 3 [X] 4 [X]]		

Signature Card-Multiform
Bankers Systems™ Current MDF, EWVMPNP
Wolters Kluwer Financial Services C2203, 2008

MPMP-LAZ 8/2/2007

Initials: _____ Page 1 of 2

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	
Business Information	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	
Backup Withholding Certification	
If not a "U.S. Person," certify foreign status separately. TIN: _____	
<input checked="" type="checkbox"/> Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.	
<input checked="" type="checkbox"/> Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.	
<input type="checkbox"/> Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.	
I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).	
 X  1/9/17 (Date) Jeffery A. Woods Sr.	

Signature Card Multistate
Bankers System™ MDP, BWV&MPF
Wolters Kluwer Financial Services ©2003, 2005

Business Information		
Name	Blackjewel LLC	
BN		
Phone	304-590-5959	
Mobile Phone		
E-Mail	Dkesler@ravelenergy.com	
Type of Entity	Limited liability company	
State/Country & Date of Organization	West Virginia, United States of America	
Nature of Business	LLC	
Address	1051 Main St Milton, WV 25541-1215	
Mailing Address (if different)		
Authorizer/Responsible Person	01/02/2017	
Previous Financial Inst.	Na	
Account Opened/Reopened	Account #	Initial Deposit/Source
Analyzed Business	1966	\$ 50.00
Checking / 76		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
		<input type="checkbox"/> _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
		<input type="checkbox"/> _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
Debt/Cash Recovery		
<input type="checkbox"/> ATM <input type="checkbox"/> Debit/Check Cards (No. Requested: _____)		
<input type="checkbox"/> _____ <input type="checkbox"/> _____		
<input type="checkbox"/> _____ <input type="checkbox"/> _____		
Other Form Information		JMartin/Charleston

MPF-LAZ 8/2/2007

Initials _____ Page 2 of 2

CRF 2 JAN 16 2010



EXPIRES 06/2024

JAN 29 2023

ELECTRONIC BANKING

BUSINESS CHECK CARD APPLICATION

COMPANY INFORMATION

LEGAL NAME OF COMPANY:		BUSINESS TELEPHONE NUMBER:	
Blackjewel		3045905959	
STREET ADDRESS:	CITY:	STATE:	ZIP:
1051 Main St	Milton	WV	25541
FEDERAL TAX ID NUMBER: [REDACTED]		SOCIAL SECURITY NUMBER: (PRINCIPAL/OWNER) [REDACTED]	
MAILING ADDRESS:	CITY:	STATE:	ZIP:
PRIMARY CHECKING ACCOUNT NUMBER (ACCOUNT TO BE DEBITED FOR PURCHASE) 2824		BUSINESS ESTABLISHED DATE (MM/DD/YY)	
TYPE OF BUSINESS (CHECK ONE)			
<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietor	<input checked="" type="checkbox"/> LLC	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> LLP	
YEARS IN BUSINESS:	ANNUAL SALES:	NUMBER OF EMPLOYEES:	

OVER →



FBI - COLUMBIA, SC
FBI - COLUMBIA, SC

9017

JAN 29 2021

ELECTRONIC BANKING

Individual Cardholder Information (Please Print)

Card 1 (\$2,500 Daily Purchase Limit/\$500 Daily ATM Limit) Cardholder Name: Drew Kesler	Card 2 (\$2,500 Daily Purchase Limit/\$500 Daily ATM Limit) Cardholder Name:
Social Security Number: [REDACTED]	Social Security Number:
Signature: 	Signature:

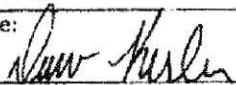
Individual Cardholder Information (Please Print)

Card 3 (\$2,500 Daily Purchase Limit/\$500 Daily ATM Limit) Cardholder Name:	Card 4 (\$2,500 Daily Purchase Limit/\$500 Daily ATM Limit) Cardholder Name:
Social Security Number:	Social Security Number:
Signature:	Signature:

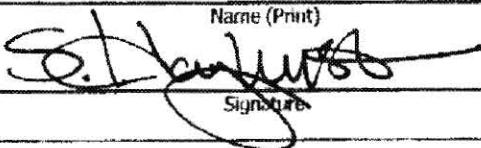
Agreement (Please read and sign)

By the Signature of its authorized administrator below, the Company requests that United Bank Business Check Cards be issued to the Cardholders set forth on this United Bank Business Check Card Application. The Company certifies that the information on the application, and any other documents submitted in connection with the application, is true and correct. The Company authorizes United Bank to verify and to obtain information concerning the credit and deposit account standing of the Company, its employees, agents, and other representatives, and to exchange credit information with others, both now and in the future. The Company agrees to provide additional information upon request. The Company understands that if this application is accepted, check card(s) will be issued by United Bank and that Cardholders will have access to the Company's business deposit accounts. The company agrees to be bound by all of the Terms and Conditions of the United Bank Business Check Card Agreement including, but not limited to, the Agreement's provisions regarding the Company's liability for fees, all purchases, and withdrawals made with the card(s). The Company certifies that such account(s) opened pursuant to this application shall be used solely for business or commercial purposes. The Company agrees that unless otherwise directed by the Company in writing, all monthly statements and other notices regarding the account(s) shall be mailed to the Company at the primary account address. Any person signing below as the duly authorized signatory of the Company attests that the Company is a valid business entity and that each person signing below is authorized to enter into this Agreement on behalf of the Company. The Company understands the United Bank Business Check Card(s) contain the capability of initiating certain electronic transfers at point of sales and in automated teller machines.

Administrator: (Principal Owner)

Print Name: Drew Kesler	Title: Auth Signer
Signature: 	Date: 01/08/2020

For Bank Use Only:

Approved / Declined By: Sarah Hayhurst Name (Print)  Signature	Branch Name: Charleston Main	Date Approved: 01/08/2020
	Branch Number: 2090	Date Declined:

BUCKCDV4 01/15

Limits on Zero Liability: You are fully responsible for any ATM Withdrawal or transaction using your Personal Identification Number (PIN) that is not processed through the VISA Network.

Lost or Stolen Card. If you believe that a Card, Card number and/or its associated PIN has been lost or stolen, call us immediately at 1-800-7-CHECK-9, or write us at:

**United Bank Check Card Department
PO Box 393
Charleston, WV 25322**

Telephoning is the best way of minimizing your losses.

Limitation of Liability. We shall not be liable for our inability to perform our obligations under this Agreement as a result of causes beyond our control, including without limitation, any act of God, accident, equipment failure, system failure, labor dispute, or the failure of any third party to provide any electronic or telecommunications service used with the acceptance and processing of Card transactions. Under all other circumstances, we will not be liable to you for our acts or omissions under this Agreement except to the extent we have acted with gross negligence or willful misconduct. To the extent that we are found liable, you may only recover an amount limited to your actual damages, not to exceed the total fees and charges paid by you in connection with the services under this Agreement during the six month period immediately preceding the event giving rise to our liability. In no event will you be able to recover from us consequential damages, exemplary damages or lost profits, even if you advise us of the possibility of such damage.

IN WITNESS WHEREOF, the parties have caused this Agreement to be duly executed this 8th day of January, 2020.

Customer:

Drew Kessler

By

Auth Signer

Title

Termination. You may terminate this Agreement at any time by providing us with written notice and returning the Cards. We have the right to terminate this Agreement or cancel any of the Cards at any time without notice. In the event this Agreement is terminated for any reason, you must still pay any present or future transactions resulting from use of any Card, Card number or PIN. At all times, the Cards will remain our property and must immediately be surrendered to us at such time as this Agreement is terminated or any Card is cancelled.

Change of Terms. We may amend, add to or delete any term of this Agreement at any time, including, but not limited to, the amount of any fees or charges. If we make such a change, you agree that we may provide you with notice of the change by any reasonable method, such as by including a message on or with your bank statement. The change will be effective upon the date of the notice unless otherwise provided. If under applicable law any such change requires your approval, your continued use of the Card on or after the date you receive the notice means that you accept and agree to the change.

Assignment. This Agreement may not be transferred or assigned by you without our written permission.

Governing Law. The terms and conditions of this Agreement are governed by and construed in accordance with the laws of the State of West Virginia, without regard to conflict of law provisions.

Bank.

UNITED BANK

BV

CITIERS BANK
S. Hawkins
Branch Manager

LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION

United Bank - Charleston
500 Virginia St E
Charleston, WV 25301

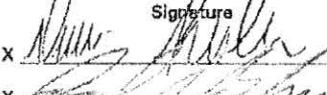
By: Blackjewel LLC
1051 Main St
Milton, WV 25541-1215

Referred to in this document as "Financial Institution"

Referred to in this document as "Limited Liability Company" 2824

I, _____, certify that I am a Manager or Designated Member of the above named Limited Liability Company organized under the laws of West Virginia, Federal Employer I.D. Number _____, engaged in business under the trade name of Blackjewel LLC, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of all members of the Limited Liability Company or the person or persons designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement, duly and properly called and held on 07/03/2019 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS: Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Faximile Signature (if used)
A. <u>Drew R Kesler</u> Auth Signer	X 	X _____
B. <u>David Beckman</u> Auth Signer	X 	X _____
C. _____	X _____	X _____
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	X _____	X _____

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
A B	(1) Exercise all of the powers listed in this resolution.	1
	(2) Open any deposit or share account(s) in the name of the Limited Liability Company.	
	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	
	(4) Borrow money on behalf and in the name of the Limited Liability Company, sign, execute and deliver promissory notes or other evidences of indebtedness.	
	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Limited Liability Company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	
	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial institution.	
	(7) Other _____	

LIMITATIONS ON POWERS The following are the Limited Liability Company's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated _____. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Managers or Designated Members of the Limited Liability Company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

In Witness Whereof, I have subscribed my name to this document and affixed the seal, if any, of the Limited Liability Company on _____ (date).

Attest by One Other Manager or Designated Member

Manager or Designated Member

ACCOUNT AGREEMENT

United Bank - Charleston
500 Virginia St E
Charleston, WV 25301

Agreement Date: 07/03/2019 By:

EXISTING Account - This agreement replaces previous agreement(s).
Account Description: Analyzed Business Checking

Checking Savings NOW

Initial Deposit \$0.00 Source:

Ownership of Account - CONSUMER Purpose

- Individual
 Joint - With Survivorship
(and not as tenants in common) X
 Joint - No Survivorship
(as tenants in common) X
 Trust - Separate Agreement:

Revocable Trust or Pay-on-Death Designation
as Defined in this Agreement

(Name and Address of Beneficiaries):

Account # 2824
Number:

Account Owner(s) Name & Address

Blackjewel LLC
New Operating Account
1051 Main St
Milton WV 25541-1215

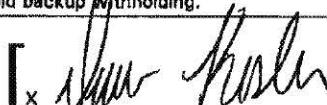
Additional Information: Replacement

Number of Signatures Required for withdrawal : 1

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individual. The undersigned also acknowledge the receipt of a copy and agrees to the terms of the following agreement(s) and/or disclosure(s):

- Terms & Conditions Truth in Savings Funds Availability
 Electronic Fund Transfers Privacy Substitute Checks
 Common Features Fee Schedule and Arbitration

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1):  Drew R Kesler - Auth Signer

I.D. # D.O.B.

(2):  David Beckman - Auth Signer

I.D. # D.O.B.

(3):  _____

I.D. # D.O.B.

(4):  _____

I.D. # D.O.B.

Authorized Signer (Individual Accounts Only)

 _____

I.D. # D.O.B.

Ownership of Account - BUSINESS Purpose

- Sole Proprietorship Single-Member LLC Partnership
 LLC /LLC tax classification: C Corp S Corp Partnership
 C Corporation S Corporation Non-Profit

Business: LLC

Backup Withholding Certifications (Non-U.S. Persons) - Use separate Form W-R

By signing at right, I certify under penalties of perjury that the statements made in this section are true.

TIN: The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

Not Subject to Backup Withholding. I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Exempt Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION

United Bank - Charleston
500 Virginia St E
Charleston, WV 25301

By: BlackJewel LLC
1051 Main St
Milton, WV 26541-1215

Referred to in this document as "Financial Institution"

3190
Referred to in this document as "Limited Liability Company"

I, _____, certify that I am a Manager or Designated Member of the above named Limited Liability Company organized under the laws of West Virginia, Federal Employer ID. Number _____, engaged in business under the trade name of BlackJewel LLC, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of all members of the Limited Liability Company or the person or persons designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement, duly and properly called and held on 07/10/2017 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. Jeffery A Hoops Sr. Auth Signer		X _____
B. Drew R Kessler Auth Signer		X _____
C. _____	X _____	X _____
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	X _____	X _____

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F Description of Power

Indicate number of signatures required

- A B (1) Exercise all of the powers listed in this resolution. 1
- (2) Open any deposit or share account(s) in the name of the Limited Liability Company. _____
- (3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution. _____
- (4) Borrow money on behalf and in the name of the Limited Liability Company, sign, execute and deliver promissory notes or other evidences of indebtedness. _____
- (5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Limited Liability Company as security for sums borrowed, and to discount the same, unconditionally guarantees payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment. _____
- (6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution. _____
- (7) Other _____

LIMITATIONS ON POWERS The following are the Limited Liability Company's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated _____. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Managers or Designated Members of the Limited Liability Company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

In Witness Whereof, I have subscribed my name to this document and affixed the seal, if any, of the Limited Liability Company on _____ (date).

Attest by One Other Manager or Designated Member Manager or Designated Member

CRF 2
AUG 29 2017

Account Agreement

Date: 07/10/2017

Institution Name & Address	
United Bank - Charleston 500 Virginia St E Charleston, WV 25301	
Account Number	
3190	
IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law. Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.	
Owner/Signer Information 1	
Name	Jeffery A Hoops Sr
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Revelation Energy Resources	
Previous Financial Inst.	
Chase	
Owner/Signer Information 2	
Name	Drew R Kesler
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Revelation Management Corp	
Previous Financial Inst.	
Na	

Internal Use

Account Title & Address

Blackjewel LLC
Mr Lockbox
1051 Main St
Milton WV 25541-1215

Ownership of Account

The specified ownership will remain the same for all accounts.

- Individual
 Joint with Survivorship
 (not as tenants in common) X _____
 Joint with No Survivorship
 (as tenants in common) X _____

Trust-Separate Agreement Dated: _____

- Corporation - For Profit Partnership
 Corporation - Nonprofit Sole Proprietorship
 Limited Liability Company

Beneficiary Designation

(Check appropriate ownership above.)

- Revocable Trust Pay-On-Death (POD)

Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1 _____

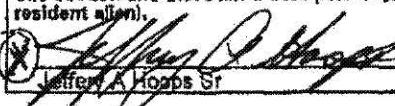
Signatures

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of (copies) of, this document and the following:

- Terms and Conditions Privacy
 Electronic Fund Transfers Truth in Savings
 Substitute Checks Funds Availability
 Common Features Fee Schedule
 Arbitration Agreement
 Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

1 [X] 
Jeffery A. Hoops Sr
2 [X] 
Drew R. Kesler
3 [X] [] [X]

CRF 2
AUG 03 2017

Owner/Signer Information 3		Non-Individual Owner Information	
Name		Name	Blackjewel LLC
Relationship		EIN	
Address		Phone	304-590-5959
Mailing Address (if different)		Mobile Phone	
Home Phone		E-Mail	Dkesler@rvelenergy.com
Work Phone		Type of Entity	Limited liability company
Mobile Phone		State/Country & Date of Organization	West Virginia, United States of America
E-Mail		Nature of Business	LLC
Birth Date		Address	1051 Main St Milton, WV 25641-1215
SSN/TIN		Mailing Address (if different)	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)		Authoritative Resolution Date	07/10/2017
Other ID (Description, Dates)		Previous Financial Inst.	Na
Employer		Account Description / Account #	
Previous Financial Inst.		Business Analyzed	3190
Owner/Signer Information 4		\$ 50.00	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/>
Name			<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/>
Relationship			<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/>
Address			
Mailing Address (if different)			
Home Phone			
Work Phone			
Mobile Phone			
E-Mail			
Birth Date			
SSN/TIN			
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)			
Other ID (Description, Dates)			
Employer			
Previous Financial Inst.			
<i>Backup Withholding Certifications</i>			
<i>If not a "U.S. Person," certify foreign status separately. TIN: [REDACTED]</i>			
<input checked="" type="checkbox"/> Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number. <input checked="" type="checkbox"/> Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. <input type="checkbox"/> Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations. <i>I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).</i>			
 Jeffrey A. Hoops Sr. 7/27/17 (Date)			
Signature Card/Multiform Bankers Systems™ MDF, EWVMPUP Wells Fargo Financial Services ©2008, 2008		MFMP-LAZ 5/2/2007 Initiator _____ Page 2 of 2	

CRF 2
AUG 03 2017

LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION

United Bank - Charleston
500 Virginia St E
Charleston, WV 25301

By: Blackjewel LLC
1051 Main St
Milton, WV 25541-1215

3238

Referred to in this document as "Financial Institution"

Referred to in this document as "Limited Liability Company"

I, _____, certify that I am a Manager or Designated Member of the above named Limited Liability Company organized under the laws of West Virginia, Federal Employer I.D. Number _____, engaged in business under the trade name of BlackJewel LLC, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of all members of the Limited Liability Company or the person or persons designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement, duly and properly called and held on 07/10/2017 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS: Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Faxsimile Signature (if used)
A. Jeffery A Hoops Sr Auth Signer	(X) 	X _____
B. Drew R Kesler Auth Signer	(X) 	X _____
C. _____	X _____	X _____
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	X _____	X _____

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
A B	(1) Exercise all of the powers listed in this resolution.	1 _____
	(2) Open any deposit or share account(s) in the name of the Limited Liability Company.	_____
	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	_____
	(4) Borrow money on behalf and in the name of the Limited Liability Company, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Limited Liability Company as security for sums borrowed, and to discount the same, unconditionally guarantees payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	_____
	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
	(7) Other _____	_____

LIMITATIONS ON POWERS The following are the Limited Liability Company's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated _____. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Managers or Designated Members of the Limited Liability Company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

In Witness Whereof, I have subscribed my name to this document and affixed the seal, if any, of the Limited Liability Company on _____ (date).

Attest by One Other Manager or Designated Member Manager or Designated Member

CRF 2

JULY 13 2017

Account Agreement		Date: 07/10/2017
Institution Name & Address		
United Bank - Charleston 500 Virginia St E Charleston, WV 25301		
Account Number		
3238		
IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law. Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.		
Owner/Signer Information 1		
Name	Jeffery A Hoops Sr	
Relationship	Auth Signer	
Address		
Moving Address (if different)		
Home Phone		
Work Phone		
Mobile Phone		
E-Mail		
Birth Date		
SSN/TIN		
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)		
Other ID (Description, Details)		
Employer	Revelation Energy Resources	
Previous Financial Inst.	Chase	
Owner/Signer Information 2		
Name	Drew R Kesler	
Relationship	Auth Signer	
Address		
Moving Address (if different)		
Home Phone		
Work Phone		
Mobile Phone		
E-Mail		
Birth Date		
SSN/TIN		
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)		
Other ID (Description, Details)		
Employer	Revelation Management Corp	
Previous Financial Inst.	Na	
Internal Use		
Account / Acct S. Address		
Blackjewel LLC Escrow 1051 Main St Milton WV 25541-1215		
Ownership of Account		
The specified ownership will remain the same for all accounts.		
<input type="checkbox"/> Individual <input type="checkbox"/> Joint with Survivorship (not as tenants in common) <input checked="" type="checkbox"/> X _____ <input type="checkbox"/> Joint with No Survivorship <input checked="" type="checkbox"/> X _____ (as tenants in common) <input type="checkbox"/> Trust-Separate Agreement Dated: <input type="checkbox"/> <input type="checkbox"/> Corporation - For Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation - Nonprofit <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Limited Liability Company		
Beneficiary Designation		
(Check appropriate ownership above.)		
<input type="checkbox"/> Revocable Trust <input type="checkbox"/> Pay-On-Death (POD) <input type="checkbox"/>		
Beneficiary Name(s), Address(es), and CIN#		
(Check appropriate beneficiary designation above.)		
<input type="checkbox"/> If checked, this is a temporary account agreement. Number of signatures required for withdrawal: 1 _____.		
Signatures		
The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:		
<input checked="" type="checkbox"/> Terms and Conditions <input type="checkbox"/> Privacy <input type="checkbox"/> Electronic Fund Transfers <input type="checkbox"/> Truth In Savings <input type="checkbox"/> Substitute Checks <input checked="" type="checkbox"/> Funds Availability <input type="checkbox"/> Common Features <input checked="" type="checkbox"/> Fee Schedule <input type="checkbox"/> Arbitration Agreement <input checked="" type="checkbox"/> LIOP Limit None <input type="checkbox"/> Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)		
1 [X] <i>Jeffery A Hoops</i> [] 2 [X] <i>Drew R Kesler</i> [] 3 [X] [] 4 [X] []		

Signature Card-Hibernate
Bankers Systems™ Custom MDF.EWVMPMP
Walter Kluver Financial Services ©2003, 2005

MMP-LAZ 5/2/2007

Initials _____ Page 1 of 2

CRF 2
12/14/2021

Owner/Signer Information 3		
Name		
Relationship		
Address		
Mailing Address (if different)		
Home Phone		
Work Phone		
Mobile Phone		
E-Mail		
Birth Date		
SSN/TIN		
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)		
Other ID (Description, Details)		
Employer		
Previous Financial Inst.		
Owner/Signer Information 4		
Name		
Relationship		
Address		
Mailing Address (if different)		
Home Phone		
Work Phone		
Mobile Phone		
E-Mail		
Birth Date		
SSN/TIN		
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)		
Other ID (Description, Details)		
Employer		
Previous Financial Inst.		
Backup Withholding Certifications		
<i>If not a "U.S. Person," certify foreign status separately.)</i>		
TIN:		
<input checked="" type="checkbox"/> Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.		
<input checked="" type="checkbox"/> Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.		
<input type="checkbox"/> Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.		
I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).		
(X) <i>Jallen A Hoops Sr</i> 7/27/17 (Date)		
Non-Individual Owner Information		
Name	Blackjewel LLC	
EN		
Phone	304-590-5959	
Mobile Phone		
E-Mail	Dkessler@revelenergy.com	
Type of Entity	Limited liability company	
State/Country & Date of Organization	West Virginia, United States of America	
Nature of Business	LLC	
Address	1051 Main St Milton, WV 25541-1215	
Mailing Address (if different)		
Authorization/ Resolution Date	07/10/2017	
Previous Financial Inst.	No	
Account Description	Account #	Initial Deposit Source
Business Money	3238	\$ 1,000.00
Market Investment / 85		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/>
		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/>
		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/>
Services Requested		
<input type="checkbox"/> ATM <input type="checkbox"/> Debit/Check Cards (No. Requested: _____)		
<input type="checkbox"/> _____ <input type="checkbox"/>		
<input type="checkbox"/> _____ <input type="checkbox"/>		
Other Terms Information		
JMartin/Charleston		

Signature Card-Multistate
Bankers Systems™ MDF-EWVMPMP
Weber-Krueger Financial Services ©2005, 2008

MPMP-LA2 6/2/2007

Initials _____ Page 1 of 2

CRF 2
AUG 03 2017

6056

LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION

United Bank - Charleston
500 Virginia St E
Charleston, WV 25301

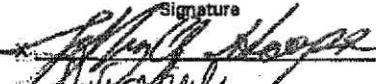
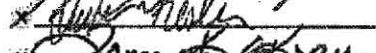
By: Blackjewel LLC
1051 Main St
Milton, WV 25541-1215

Referred to in this document as "Financial Institution"

Referred to in this document as "Limited Liability Company"

I, Jeffrey A Hoops Sr, certify that I am a Manager or Designated Member of the above named Limited Liability Company organized under the laws of West Virginia, Federal Employer I.D. Number , engaged in business under the trade name of Blackjewel LLC, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of all members of the Limited Liability Company or the person or persons designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement, duly and properly called and held on 07/17/2018 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>Jeffery A Hoops Sr</u> Auth Signer		X
B. <u>Drew R Kesler</u> Auth Signer		X
C. <u>Tammy K Okray</u> Auth Signer		X
D. <u>Shane D Durgin</u> Auth Signer		X
E. _____	X	X
F. _____	X	X

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F Description of Power

Indicate number of signatures required

- | | | |
|---------|---|-------|
| A B C D | (1) Exercise all of the powers listed in this resolution. | 1 |
| _____ | (2) Open any deposit or share account(s) in the name of the Limited Liability Company. | _____ |
| _____ | (3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution. | _____ |
| _____ | (4) Borrow money on behalf and in the name of the Limited Liability Company, sign, execute and deliver promissory notes or other evidences of indebtedness. | _____ |
| _____ | (5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Limited Liability Company as security for sums borrowed, and to discount the same, unconditionally guarantees payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment. | _____ |
| _____ | (6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution. | _____ |
| _____ | (7) Other _____ | _____ |

LIMITATIONS ON POWERS The following are the Limited Liability Company's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated _____. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Managers or Designated Members of the Limited Liability Company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

In Witness Whereof, I have subscribed my name to this document and affixed the seal, if any, of the Limited Liability Company on _____ (date).

Attest by One Other Manager or Designated Member Manager or Designated Member

CRF 3

JUL 26 2018

Account Agreement

Date: 07/17/2018

Institution Name & Address	
United Bank - Charleston 500 Virginia St E Charleston, WV 25301	

Account Number	
6056	

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

Owner/Signer Information

Name	Jeffery A Hoops Sr
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	

Employer	Revelation Energy Resources
Previous Financial Inst.	Chase

Owner/Signer Information	
Name	Drew R Kesler
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	Revelation Management Corp
Previous Financial Inst.	Na

Internal Use	
Account Title & Address	
BlackJewel LLC West Petty Cash 1051 Main St Milton WV 25541-1215	

Ownership of Account	
The specified ownership will remain the same for all accounts.	
<input type="checkbox"/> Individual	
<input type="checkbox"/> Joint with Survivorship (not as tenants in common)	{ <input checked="" type="checkbox"/> X _____
<input type="checkbox"/> Joint with No Survivorship (as tenants in common)	{ <input checked="" type="checkbox"/> X _____
<input type="checkbox"/> Trust-Separate Agreement Dated: _____	
<input type="checkbox"/>	
<input type="checkbox"/> Corporation - For Profit	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation - Nonprofit	<input type="checkbox"/> Sole Proprietorship
<input checked="" type="checkbox"/> Limited Liability Company	

Beneficiary Designation	
(Check appropriate ownership above.)	
<input type="checkbox"/> Revocable Trust	<input type="checkbox"/> Pay-On-Death (POD)
<input type="checkbox"/>	

Beneficiary Name(s), Address(es), and SSN(s)	
(Check appropriate beneficiary designation above.)	
<input type="checkbox"/> If checked, this is a temporary account agreement.	

Number of signatures required for withdrawal: 1

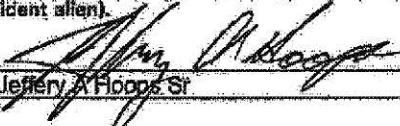
Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- Terms and Conditions
- Privacy
- Electronic Fund Transfers
- Truth in Savings
- Substitute Checks
- Funds Availability
- Common Features
- Fee Schedule
- Arbitration Agreement
-
- Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

1 [x] *Jeffery A Hoops Sr* 2 [x] *Drew R Kesler* 3 [x] *Tammy K Okray* 4 [x] *Shane D Durkin*
Jeffery A Hoops Sr *Drew R Kesler* *Tammy K Okray* *Shane D Durkin*

CRF 3 JUL 26 2018

<i>Owner/Signer Information 3</i>		<i>Non-Individual Owner Information</i>	
Name	Tammy K Okray		
Relationship	Auth Signer		
Address			
Mailing Address (if different)			
Home Phone:			
Work Phone:			
Mobile Phone:			
E-Mail:			
Birth Date:			
SSN/TIN:			
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)			
Other ID (Description, Details)			
Employer:	Blackjewel LLC		
Previous Financial Inst:	NA		
<i>Owner/Signer Information 4</i>		<i>Account Description</i>	
Name:	Blackjewel LLC		Account #:
Relationship:			Initial Deposit/Source:
Address:			<input checked="" type="checkbox"/> 1,000.00 <input checked="" type="checkbox"/> cash <input type="checkbox"/> check <input type="checkbox"/>
Mailing Address (if different):			<input type="checkbox"/> <input type="checkbox"/> cash <input type="checkbox"/> check <input type="checkbox"/>
Home Phone:			<input type="checkbox"/> <input type="checkbox"/>
Work Phone:			<input type="checkbox"/> <input type="checkbox"/>
Mobile Phone:			<input type="checkbox"/> <input type="checkbox"/>
E-Mail:			<input type="checkbox"/> <input type="checkbox"/>
Birth Date:			<input type="checkbox"/> <input type="checkbox"/>
SSN/TIN:			<input type="checkbox"/> <input type="checkbox"/>
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)			<input type="checkbox"/> <input type="checkbox"/>
Other ID (Description, Details)			<input type="checkbox"/> <input type="checkbox"/>
Employer:	Blackjewel West		<input type="checkbox"/> <input type="checkbox"/>
Previous Financial Inst:	NA		<input type="checkbox"/> <input type="checkbox"/>
<i>Backup Withholding Certifications</i>			
(If not a "U.S. Person," certify foreign status separately.) TIN: 82-0824605			
<input checked="" type="checkbox"/> Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number. <input checked="" type="checkbox"/> Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. <input type="checkbox"/> Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations. I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).			
 Jeffrey A Hoops Sr.		(Date) MM/YY	

Signature Card Multicard
Bantara Systems™ MDF, ENVMP, MP
Wolters Kluwer Financial Services ©2003, 2004

MP/PLAZ-6/2/2007

Initials: _____ Page 2 of 2

LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION

United Bank - Charleston
500 Virginia St E
Charleston, WV 25301

By: Blackjewel LLC
1051 Main St
Milton, WV 25641-1215

851

Referred to in this document as "Financial Institution"

Referred to in this document as "Limited Liability Company"

I, _____, certify that I am a Manager or Designated Member of the above named Limited Liability Company organized under the laws of _____, Federal Employer I.D. Number _____, engaged in business under the trade name of Blackjewel LLC, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of all members of the Limited Liability Company or the person or persons designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement, duly and properly called and held on _____ (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. Jeffery A Hoops Sr Auth. Signer	X 	X _____
B. Drew R Kessler Auth. Signer	X 	X _____
C. _____	X _____	X _____
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	X _____	X _____

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F Description of Power

Indicate number of signatures required

- | | | |
|-----|---|-------|
| A B | (1) Exercise all of the powers listed in this resolution. | 1 |
| | (2) Open any deposit or share account(s) in the name of the Limited Liability Company. | _____ |
| | (3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution. | _____ |
| | (4) Borrow money on behalf and in the name of the Limited Liability Company, sign, execute and deliver promissory notes or other evidences of indebtedness. | _____ |
| | (5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Limited Liability Company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentation, protest, notice of protest and notice of non-payment. | _____ |
| | (6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution. | _____ |
| | (7) Other _____ | _____ |

LIMITATIONS ON POWERS The following are the Limited Liability Company's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated _____. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Managers or Designated Members of the Limited Liability Company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

In Witness Whereof, I have subscribed my name to this document and affixed the seal, if any, of the Limited Liability Company on _____ (date).

Attest by One Other Manager or Designated Member Manager or Designated Member

As used in this resolution, the term "Manager" means the person or persons designated by the members of the Limited Liability Company in a manager-managed Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement. The term "Designated Member" means the member or members of the Limited Liability Company authorized to act on behalf of the Limited Liability Company in a member-managed Limited Liability Company. By signing this resolution, Manager or Designated Member represent that they have provided the Financial Institution with true and complete copies of the articles of organization and operating agreements of the Limited Liability Company as amended to the date of this resolution.

The Limited Liability Company named on this resolution agrees that:

- (1) The Financial Institution is designated as a depository for the funds of the Limited Liability Company and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Managers or Designated Members of the Limited Liability Company and certified to the Financial Institution as governing the operation of this Limited Liability Company's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Limited Liability Company. Any Agent, so long as they act in a representative capacity as an Agent of the Limited Liability Company, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Limited Liability Company with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Limited Liability Company agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Limited Liability Company. The Limited Liability Company authorizes the Financial Institution, at any time, to charge the Limited Liability Company for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Limited Liability Company acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Limited Liability Company to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Limited Liability Company acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Limited Liability Company with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been effixed so long as it resembles the facsimile signature specimen on file. The Limited Liability Company authorizes each Agent to have custody of the Limited Liability Company's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Pennsylvania. The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on _____ (date) by _____ (initials) This resolution is superseded by resolution dated _____

Comments:

6511

Account Agreement

Date: 01/12/2018

United Bank - Charleston 500 Virginia St E Charleston, WV 25301

8511

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

Name	Jeffery A Hoops Sr
Relationship	Auth Signer
Address	[REDACTED]
Mailing Address (if different)	[REDACTED]
Home Phone	[REDACTED]
Work Phone	[REDACTED]
Mobile Phone	[REDACTED]
E-mail	[REDACTED]
Birth Date	[REDACTED]
SSN/TIN	[REDACTED]
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	[REDACTED]
Other ID (Description, Details)	[REDACTED]
Employer	Revelation Energy Resources
Previous Financial Inst.	Chase
Owner/Signer Information	
Name	Drew R Kestler
Relationship	Auth Signer
Address	[REDACTED]
Mailing Address (if different)	[REDACTED]
Home Phone	[REDACTED]
Work Phone	[REDACTED]
Mobile Phone	[REDACTED]
E-mail	[REDACTED]
Birth Date	[REDACTED]
SSN/TIN	[REDACTED]
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	[REDACTED]
Other ID (Description, Details)	[REDACTED]
Employer	Revelation Management Corp
Previous Financial Inst.	No

Internal Use
Blackjewel LLC West Operating Account 1051 Main St Milton WV 25541-1215
The specified ownership will remain the same for all accounts.
<input type="checkbox"/> Individual <input type="checkbox"/> Joint with Survivorship (not as tenants in common) <input checked="" type="checkbox"/> X <input type="checkbox"/> Joint with No Survivorship (as tenants in common) <input type="checkbox"/> X <input type="checkbox"/> Trust-Separate Agreement Dated: [REDACTED]
<input type="checkbox"/> Corporation - For Profit <input type="checkbox"/> Corporation - Nonprofit <input checked="" type="checkbox"/> Limited Liability Company [REDACTED]
<input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship
(Check appropriate ownership above.)
<input type="checkbox"/> Revocable Trust <input type="checkbox"/> Pay-On-Death (POD) [REDACTED]
(Check appropriate beneficiary designation above.)

If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Terms and Conditions | <input type="checkbox"/> Privacy |
| <input type="checkbox"/> Electronic Fund Transfers | <input type="checkbox"/> Truth in Savings |
| <input type="checkbox"/> Substitute Checks | <input checked="" type="checkbox"/> Funds Availability |
| <input type="checkbox"/> Common Features | <input checked="" type="checkbox"/> Fee Schedule |
| <input type="checkbox"/> Arbitration Agreement | <input checked="" type="checkbox"/> UOP Limit None |
| <input type="checkbox"/> Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).) | |

1 [X]

Jeffery A Hoops Sr

2 [X]

Drew R Kestler

3 [X]





4 [X]

CRF 2 FEB 14 2018

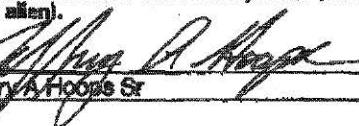
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	
Bank Account Information	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

(If not a "U.S. Person," certify foreign status separately.)

TIN: [REDACTED]

- Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.
- Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
- Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.

I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

X  01-12-18
Jeffrey A. Hoops Sr. (Date)

Signature Card-Multistate
Bankers Systems™ M2P, EWVMPNP
Wolters Kluwer Financial Services ©2003, 2008

Name	BlackLewel LLC
SPN	[REDACTED]
Phone	304-590-6969
Mobile Phone	
E-mail	Dkeeler@revelenergy.com
Type of Entity	Limited liability company
State/Country & Date of Organization	, United States of America
Nature of Business	LLC
Address	1051 Main St Milton, WV 25541-1215
Mailing Address (if different)	
Authorization/ Resocation Date	
Previous Financial Inst.	Na
Bank Account Information	
Account #	3511
Total Deposit/Savings	\$ 100.00
Cash	<input checked="" type="checkbox"/>
Check	<input type="checkbox"/>
Cash	<input type="checkbox"/>
Check	<input type="checkbox"/>
Cash	<input type="checkbox"/>
Check	<input type="checkbox"/>
Other Financial Institutions	
ATM	<input type="checkbox"/>
Debit/Check Cards (No. Requested)	
Other Financial Institutions	
Cboe/Cboe/Charleston Main	

MPMP-LAZ 5/2/2007

Initials: _____ Page 2 of 2

FIS 3

LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION

United Bank - Charleston
500 Virginia St E
Charleston, WV 25301

by: Black Jewel LLC
1051 Main St
Milton, WV 25541

Referred to in this document as "Financial Institution"

Referred to in this document as "Limited Liability Company"

I, Jeffrey A Hoops, certify that I am a Manager or Designated Member of the above named Limited Liability Company organized under the laws of West Virginia, Federal Employer I.D. Number [REDACTED], engaged in business under the trade name of Black Jewel LLC, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of all members of the Limited Liability Company or the person or persons designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement, duly and properly called and held on 03/24/2017 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position

A. Jeffery A Hoops Sr Auth Signer

Signature

Facsimile Signature (if used)

X

B. Drew R Kesler Auth Signer

Signature

X

C. _____

X

X

D. _____

X

X

E. _____

X

X

F. _____

X

X

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F Description of Power

Indicate number of signatures required

A B (1) Exercise all of the powers listed in this resolution.

1

(2) Open any deposit or share account(s) in the name of the Limited Liability Company.

(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.

(4) Borrow money on behalf and in the name of the Limited Liability Company, sign, execute and deliver promissory notes or other evidences of indebtedness.

(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Limited Liability Company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentation, protest, notice of protest and notice of non-payment.

(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.

(7) Other _____

LIMITATIONS ON POWERS The following are the Limited Liability Company's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated _____. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Managers or Designated Members of the Limited Liability Company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

In Witness Whereof, I have subscribed my name to this document and affixed the seal, if any, of the Limited Liability Company on 03/24/2017

APR 03 2017
CRP S
CRP (page 1 of 2)

Attest by One Other Manager or Designated Member Manager or Designated Member

#87953

As used in this resolution, the term "Manager" means the person or persons designated by the members of the Limited Liability Company in a manager-managed Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement. The term "Designated Member" means the member or members of the Limited Liability Company authorized to act on behalf of the Limited Liability Company in a member-managed Limited Liability Company. By signing this resolution, Manager or Designated Member represent that they have provided the Financial Institution with true and complete copies of the articles of organization and operating agreements of the Limited Liability Company as amended to the date of this resolution.

The Limited Liability Company named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Limited Liability Company and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Managers or Designated Members of the Limited Liability Company and certified to the Financial Institution as governing the operation of this Limited Liability Company's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Limited Liability Company. Any Agent, so long as they act in a representative capacity as an Agent of the Limited Liability Company, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscouncts and borrowings by or on behalf of the Limited Liability Company with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) *The Limited Liability Company agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Limited Liability Company. The Limited Liability Company authorizes the Financial Institution, at any time, to charge the Limited Liability Company for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.*
- (6) The Limited Liability Company acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Limited Liability Company to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Limited Liability Company acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Limited Liability Company with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Limited Liability Company authorizes each Agent to have custody of the Limited Liability Company's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Pennsylvania. The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on _____ (date) by _____ (initials) This resolution is superseded by resolution dated _____.

Comments:

APR 03 2017

70153

Account Agreement Date: 03/24/2017

Instrument Name & Address

United Bank - Charleston
500 Virginia St E
Charleston, WV 25301

Account Number

7953

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

Owner/Signer Information 1

Name	Jeffery A Hoops Sr
Relationship	Auth Signer
Address	[REDACTED]
Mailing Address (if different)	[REDACTED]
Home Phone	[REDACTED]
Work Phone	[REDACTED]
Mobile Phone	[REDACTED]
E-Mail	[REDACTED]
Birth Date	[REDACTED]
SSN/TIN	[REDACTED]
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	[REDACTED]
Other ID (Description, Details)	[REDACTED]

Employer REVELATION ENERGY RESOURCES

Previous Financial Inst.

Owner/Signer Information 2

Name	Drew R Kesler
Relationship	Auth Signer
Address	[REDACTED]
Mailing Address (if different)	[REDACTED]
Home Phone	[REDACTED]
Work Phone	[REDACTED]
Mobile Phone	[REDACTED]
E-Mail	[REDACTED]
Birth Date	[REDACTED]
SSN/TIN	[REDACTED]
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	[REDACTED]
Other ID (Description, Details)	[REDACTED]
Employer	Revelation Management Corp
Previous Financial Inst.	[REDACTED]

Internal Use

Account Name & Address

Black Jewel LLC Blackjewel L.L.C.
1051 Main St
Milton WV 25541

Ownership of Account

The specified ownership will remain the same for all accounts.

- Individual
- Joint with Survivorship (not as tenants in common) { X _____
- Joint with No Survivorship (as tenants in common) X _____
- Trust-Separate Agreement Dated: _____
- _____
- Corporation - For Profit Partnership
- Corporation - Nonprofit Sole Proprietorship
- Limited Liability Company

Beneficiary Designation

(Check appropriate ownership above.)

- Revocable Trust Pay-On-Death (POD)
- _____

Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

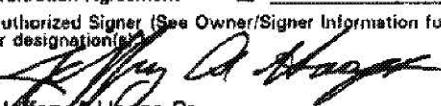
If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1 _____

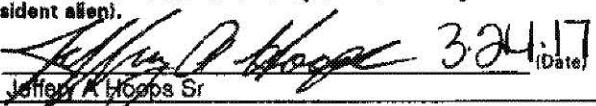
Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- Terms and Conditions Privacy
- Electronic Fund Transfers Truth in Savings
- Substitute Checks Funds Availability
- Common Features Fee Schedule
- Arbitration Agreement _____
- Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s))

1 [X] 
 2 [X] 
 3 [X] [4 [X]]

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Owner/Signer Information 3	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	
Owner/Signer Information 4	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	
Backup Withholding Certifications	
(If not a "U.S. Person," certify foreign status separately.)	
TIN: [REDACTED]	
<input checked="" type="checkbox"/> Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.	
<input checked="" type="checkbox"/> Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.	
<input type="checkbox"/> Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.	
I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).	
X  Jeffrey A. Hoops Sr. 3-24-17 (Date)	

Signature Card-Multistate
Bankers Systems TA MDF, EWVMPMP
Wolters Kluwer Financial Services ©2003, 2006

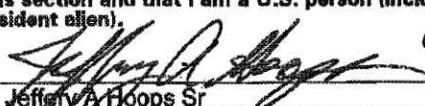
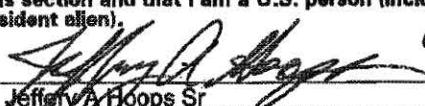
Non-Individual Owner Information		
Name	Black Jewel LLC <i>Blackjewel LLC</i>	
ERI	[REDACTED]	
Phone	304-590-5959	
Mobile Phone		
E-Mail	Dkesler@revelenergy.com	
Type of Entity	Limited liability company	
State/County & Date of Organization	West Virginia, United States of America	
Nature of Business	LLC	
Address	1051 Main St Milton, WV 25541	
Mailing Address (if different)		
Authorization/Resolution Date	03/24/2017	
Previous Financial Inst.		
Account Description	Account #	Initial Deposit/Source
Free Business Chkng /	7953	\$ 0.00 <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/>
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/>
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/>
Services Requested		
<input type="checkbox"/> ATM <input type="checkbox"/> Debit/Check Cards (No. Requested: _____)		
<input type="checkbox"/> _____ <input type="checkbox"/>		
<input type="checkbox"/> _____ <input type="checkbox"/>		
Other Terms/Information		
JMartin/Charleston		

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Initials: _____ Page 2 of 2

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CRF 3

Account Agreement		Date: 03/19/2018
Institution Name & Address		
United Bank - Charleston 500 Virginia St E Charleston, WV 25301		
Account Number		
3204		
IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.		
Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.		
Owner/Signer Information [1]		
Name	Jeffery A Hoops Sr	
Relationship	Auth Signer	
Address		
Mailing Address (if different)		
Home Phone		
Work Phone		
Mobile Phone		
E-Mail		
Birth Date		
SSN/TIN		
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)		
Other ID (Description, Details)		
Employer	Revelation Energy Resources	
Previous Financial Inst.	Chase	
Owner/Signer Information [2]		
Name	Drew R Kesler	
Relationship	Auth Signer	
Address		
Mailing Address (if different)		
Home Phone		
Work Phone		
Mobile Phone		
E-Mail		
Birth Date		
SSN/TIN		
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)		
Other ID (Description, Details)		
Employer	Revelation Management Corp	
Previous Financial Inst.	Na	
Internal Use		
Account Title & Address		
Blackjewel LLC Collateral Account 1051 Main St Milton WV 25541-1215		
Ownership of Account		
The specified ownership will remain the same for all accounts.		
<input type="checkbox"/> Individual		
<input type="checkbox"/> Joint with Survivorship (not as tenants in common) { X _____		
<input type="checkbox"/> Joint with No Survivorship (as tenants in common) { X _____		
<input type="checkbox"/> Trust-Separate Agreement Dated: _____		
<input type="checkbox"/>		
<input checked="" type="checkbox"/> Corporation - For Profit <input type="checkbox"/> Partnership		
<input type="checkbox"/> Corporation - Nonprofit <input type="checkbox"/> Sole Proprietorship		
<input type="checkbox"/> Limited Liability Company		
Beneficiary Designation		
(Check appropriate ownership above.)		
<input type="checkbox"/> Revocable Trust <input type="checkbox"/> Pay-On-Death (POD) <input type="checkbox"/>		
Beneficiary Name(s), Address(es), and SSN(s)		
(Check appropriate beneficiary designation above.)		
<input type="checkbox"/> If checked, this is a temporary account agreement.		
Number of signatures required for withdrawal: 1		
Signatures		
The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:		
<input checked="" type="checkbox"/> Terms and Conditions <input type="checkbox"/> Privacy		
<input type="checkbox"/> Electronic Fund Transfers <input type="checkbox"/> Truth in Savings		
<input type="checkbox"/> Substitute Checks <input checked="" type="checkbox"/> Funds Availability		
<input type="checkbox"/> Common Features <input checked="" type="checkbox"/> Fee Schedule		
<input type="checkbox"/> Arbitration Agreement <input checked="" type="checkbox"/> UOP Limit None		
<input type="checkbox"/> Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)		
1 [X] Jeffery A Hoops Sr		
2 [X] Drew R Kesler		
3 [X] 4 [X]		

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Owner/Signer Information 3		Non-individual Owner Information	
Name		Name	Blackjewel LLC
Relationship		EIN	[REDACTED]
Address		Phone	304-590-5959
Mailing Address (if different)		Mobile Phone	
Home Phone		E-Mail	Dkesler@revelenergy.com
Work Phone		Type of Entity	West Virginia, United States of America
Mobile Phone		State/Country & Date of Organization	
E-Mail		Nature of Business	LLC
Birth Date		Address	1051 Main St Milton, WV 25541-1215
SSN/TIN		Mailing Address (if different)	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)		Authorization/Resolution Date	
Other ID (Description, Details)		Previous Financial Inst.	Na
Employer			
Previous Financial Inst.			
Owner/Signer Information 4		Account Description	Account #
Name			Initial Deposit/SOURCE
Relationship			\$ 15,000.00
Address			<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check
Mailing Address (if different)			<input type="checkbox"/>
Home Phone			<input type="checkbox"/>
Work Phone			<input type="checkbox"/>
Mobile Phone			<input type="checkbox"/>
E-Mail			<input type="checkbox"/>
Birth Date			<input type="checkbox"/>
SSN/TIN			<input type="checkbox"/>
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)			<input type="checkbox"/>
Other ID (Description, Details)			<input type="checkbox"/>
Employer			<input type="checkbox"/>
Previous Financial Inst.			<input type="checkbox"/>
Backup Withholding Certifications		Services Requested	
(If not a "U.S. Person," certify foreign status separately.)		<input type="checkbox"/> ATM <input type="checkbox"/> Debit/Check Cards (No. Requested: _____)	
TIN: [REDACTED]		<input type="checkbox"/>	
<input checked="" type="checkbox"/> Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.		<input type="checkbox"/>	
<input checked="" type="checkbox"/> Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.		<input type="checkbox"/>	
<input type="checkbox"/> Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.		<input type="checkbox"/>	
I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).		03-19-18	
 X  Jeffrey A. Hoops Sr.		(Date)	
Other Terms Information JMartin/Charleston			

Signature Card-Multidata
Bankers Systems™ MDF, EWVMPMP
Wolters Kluwer Financial Services ©2003, 2008

MPMP-LAZ 6/2/2007

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